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Application Number: 09/843,287

PLL

Filing Date: 4/24/2001

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Information Disclosure Statement

Form PTO-1449

US Patent 6701014 (Syeda-Mahmood - 10 pages)

TOTAL PAGES TRANSMITTED:

Attorney Docket No: MS1-794US

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PTO/SB/17 (12-04)

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Under the Paperwork Reduction Act of 1995 no persons are required to reapond to a collection of information unless it displays a valid OMB control number Complete If Known Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818). 09/843,287 Application Number RANSM 4/24/2001 Filing Date R. Venkatesan For FY 2005 First Named Inventor ANDREW W JOHNS **Examiner Name** Applicant claims small entity status. See 37 CFR 1.27 2621 Art Unit MS1 -794US TOTAL AMOUNT OF PAYMENT (\$) 180.00 Attorney Docket No. METHOD OF PAYMENT (check all that apply) Money Order None Other (please identify): Credit Card Check Lee & Hayes, PLLC Deposit Account Name: Deposit Account Deposit Account Number, For the above-identified deposit account, the Oirector is hereby authorized to: (check all that apply) Charge fee(s) indicated below, except for the filing fee Charge fee(s) indicated below Charge any additional fee(s) or underpayments of fee(s) Credit any overpayments WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card under 37 CFR 1.16 and 1.17 information and authorization on PTO-2038. **FEE CALCULATION** 1. BASIC FILING, SEARCH, AND EXAMINATION FEES EXAMINATION FEES SEARCH FEES **FILING FEES** Small Entity Small Entity Small Entity Fees Paid (\$) Fee (\$) Fee (\$) Foo (5) Application Type Fee.(\$) Fee (\$) 200 500 100 250 300 150 Utility 130 65 100 50 200 100 Design 160 80 150 300 200 100 Plant 600 300 500 300 150 250 Reissue 0 200 100 **Provisional** Small Entity 2. EXCESS CLAIM FEES Fee (\$) Fee (\$) Fee Description Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent 50 Each independent claim over 3 or, for Reissucs, each independent claim more than in the original patent 200 100 180 Multiple dependent claims Multiple Dependent Claims Fee Paid (\$) Extra Claims Fee (\$) Total Claims Fee Paid (\$) Fee (\$) 50\_ - 20 or HP = HP = highest number of total claims paid for, if greater than 20 Fee Paid (\$) Extra Claims Fee (\$) - 3 or HP = 200 HP = highest number of independent claims paid for, if greater than 3 3. APPLICATION SIZE FEE If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). Fee Pald (\$) Number of each additional 50 or fraction thereof Fee (\$) Extra Sheets Total Sheets \_ (round up to a whole number) × - 100 = / 50 = Fees Paid (\$) 4. OTHER FEE(S) Non-English Specification, \$130 fee (no small entity discount) \$180.00 Information Disclosure Statement SUBMITTED BY Registration No. Telephone (509) 324-9256 40559 Signature (Attorney/Agent) Name (Print/Type)

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will very depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burdon, should be sent to the Chief Information Officer, U.S. Patern and Tradomark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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# IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Application Serial No.	09/843,287
Filing Date	4/24/2001
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Attorney's Docket No.	MS1-794US
Title: Robust and Stealthy Video Watermarking	•••••

## INFORMATION DISCLOSURE STATEMENT

### References -- See Attached Form PTO-1449

Commissioner for Patents To: PO Box 1450

Alexandria, VA 22313-1450

Kasey C. Christie (Tel. 509-324-9256; Fax 509-323-8979) From:

Lee & Hayes, PLLC

421 W. Riverside Avenue, Suite 500

Spokane, WA 99201

The attached form PTO-1449 is submitted in compliance with Applicant's duty of disclosure under 37 CFR §1.56. The Examiner is requested to make these citations of official record in this application.

The Commissioner is hereby authorized to charge payment of fees or credit overpayments to Deposit Account No. 12-0769 as set forth in 37 CFR §1.17(p).

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		Application Number	09/843,287	
INFORMATION DISCLOSURE STATEMENT BY APPLICANT (Use as many shoots as necessary)		Filing Date	4/24/2001	
		First Named Inventor	R Venkatesan	
		Art Unit	2621	
		Examiner Name	ANDREW W JOHNS	
	of 2	Attorney Docket Number	MS1 -794US	

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	U. S. PATENT DOCUMENTS				100.440
Examiner Initials*	Cite No.1	Document Number  Number-Kind Code <sup>2 (r kedim)</sup>	Publication Date MM-DD-YYYY	Name of Patentee or Applicant of Cited Document	Pages, Columns, Lines, Where Relevant Passages or Relevant Figures Appear
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considered, include copy of this form with next communication to applicant. Applicant's unique citation designation number (optional). \*See Kinds Codes of USPTO Patent Documents at <a href="https://www.uspto.gov">www.uspto.gov</a> or MPEP 901.04. \*Senter Office that issued the document, by the two-letter code (WIPO Standard ST.3). \*For Japanese patent documents, the indication of the year of the reign of the Emperor must precode the sental number of the patent document. \*Kind of document by the appropriate symbols as indicated on the document under WIPO Standard ST.16 if possible. \*Applicant is to place a check mark here if English language.

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